



## **National Emergency Medical Services Advisory Council**

### **Virtual Meeting Summary**

**May 11–12, 2022**

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# **National Emergency Medical Services Advisory Council**

## **May 11–12, 2022**

### **Virtual Meeting Summary**

These minutes, submitted pursuant to the Federal Advisory Committee Act, are a summary of discussions that took place during the National Emergency Medical Services Advisory Council (NEMSAC) virtual meeting on May 11–12, 2022. See Appendix A for a list of NEMSAC members in attendance. The rolling presentations displayed during meeting breaks are summarized in Appendix B.

## **Day 1: May 11, 2022**

### **Call to Order and Introductions**

*Mary Ahlers, Acting Chair, NEMSAC*

Ms. Ahlers called the meeting to order.

### **Introductions of Members and Disclosure of Conflicts of Interest**

*Gam Wijetunge, MS, Director, Office of EMS; Designated Federal Officer*

Mr. Wijetunge asked NEMSAC members to introduce themselves and declare conflicts of interest. Ms. Bartram reported that she is teaching a 40-hour basic course for the International Academies of Emergency Dispatch. No other NEMSAC members reported new conflicts of interest.

### **Approval of the March 2–3, 2022, NEMSAC Meeting Summary**

*Mary Ahlers, Acting Chair, NEMSAC*

A motion carried to approve the summary of the March 2–3, 2022, NEMSAC meeting.

### **Federal Interagency Committee on EMS (FICEMS) Update**

*Clary Mole, EMS Specialist, Office of EMS*

Mr. Mole offered the following updates from the FICEMS agencies.

Department of Health and Human Services:

- The Health Resources & Services Administration has a broad array of resources on preparedness, advocacy, and quality improvement. Information on these resources was provided in the rolling presentations from this meeting (Appendix B of this report).
- The Office of the Assistant Secretary for Preparedness and Response has identified a need for EMS participation in health care and hospital preparedness programs. In addition, the National Disaster Medical System teams' experience with COVID-19 demonstrated the ability of EMS to supplement and augment health care services.
- The new Community Health Aide Program lead at the Indian Health Service (IHS) is Dion Reid. Community health aides have similar roles to community paramedics. IHS,

EMS for Children, and the University of New Mexico's Center for Rural and Tribal EMS are working together to improve communications, access to resources, and engagement with tribal EMS initiatives.

- The Center for Medicare & Medicaid Services (CMS) continues to evaluate waivers, flexibilities, and models to prevent difficulties associated with COVID-19 treatment and care. CMS has given agencies participating in the 5-year Emergency Triage, Treat, and Transport (ET3) model greater flexibility and extended the deadline to July 1, 2022, for developing capabilities for transporting patients to an alternative destination and making at least one ET3 model innovation available 24 hours a day, 7 days a week.
- The Centers for Disease Control and Prevention (CDC) will introduce its new FICEMS representative at the June 8, 2022, meeting.

#### Department of Homeland Security (DHS):

- The new Office of Health Security will consolidate medical resources and personnel to oversee and manage the department's health initiatives and requirements. DHS EMS is preparing to license and credential all department EMS providers using a common scope of practice. The department's EMS policies and procedures are being improved to conform to the national model and better support the DHS workforce. DHS has increased oversight of migrant health to ensure appropriate use of EMS resources.
- The U.S. Fire Administration (USFA) continues to work with its partners on the COVID-19 special study that has records of more than 15 million incidents. USFA is also examining and updating documents related to pandemic preparedness and response with the National Association of EMS State Officials (NASEMSO). USFA will soon release the COVID-19 fire and EMS response analysis from the listening session in October 2021 as well as publications on EMS safety, alternative funding sources for EMS and fire agencies, EMS responder safety, and EMS vehicle safety. USFA is studying firefighter suicides and ways to better track the suicides of off-duty firefighters. An EMS needs assessment is identifying gaps in products and services, and USFA is working with the National Highway Traffic Safety Administration (NHTSA) to address fire and EMS responses to electric vehicles. USFA is revising its medical director handbook to address EMS response to civil unrest incidents.

#### Department of Transportation:

- The National 911 Program has a compendium of 911 technical, operational, and training standards to ensure consistency of 911 systems. The pain management evidence-based guideline, model EMS clinical guidelines, and field trauma triage guidelines have been released. The Office of EMS continues to promote EMS workforce safety and mental and physical health and to coordinate the provision of resources to all EMS agencies. The National EMS Information System (NEMSIS) has updated its data use agreement and extended the implementation deadline for NEMSIS 3.5 to January 1, 2024.

#### Federal Communications Commission (FCC):

- FCC continues to work with the Department of Veterans Affairs and Substance Abuse and Mental Health Services Administration to implement 988 for the National Suicide Prevention Lifeline. FCC also ensures that wireless carriers provide accurate location

information on callers to 911 centers. FCC continues to improve the effectiveness of the nation's wireless and broadcast emergency alert systems.

State EMS directors:

- The states are working jointly to measure EMS workforce challenges. States are also collaborating with NASEMSO to create a nationwide registry of EMS agencies, implementing NEMSIS 3.5, and seeking innovative programs to address the mental health needs of EMS responders.

## **EMS and 911 COVID-19 Response White Paper**

*Marc Sigrist, Program Analyst, Energetics*

This FICEMS white paper will examine the ongoing EMS and 911 response to the COVID-19 pandemic as well as actions to enhance response and better prepare the EMS and 911 community for future national health emergencies. Other organizations are also addressing this topic, and the FICEMS white paper is likely to support and complement these related initiatives.

To gather information for the report, Mr. Sigrist and colleagues reviewed the published literature. They also conducted eight listening sessions with the EMS and 911 community to discuss various issues, challenges, and potential solutions related to the ongoing pandemic response. Each listening session focused on one topic (eg, workforce, supply chain, education).

Mr. Sigrist and colleagues are completing the first draft of the white paper. NHTSA, FICEMS and NEMSAC will have opportunities to review and comment on the draft report in June, and FICEMS will publish the final white paper in July 2022.

## **National Roadway Safety Strategy and Post-Crash Care Update**

*Gam Wijetunge, MS, Director, Office of EMS; Designated Federal Officer*

May 11–17 is National Police Week, which honors and remembers law enforcement officers who made the ultimate sacrifice and their family members, friends, and fellow officers. This year, the names of 619 officers killed in the line of duty are being added to the National Law Enforcement Officers Memorial. In 2021, 27 of the 58 law enforcement officers killed in traffic-related incidents were struck while outside their vehicle, a 93% increase from the previous year. Awareness must therefore be raised of laws enacted in all 50 states and the District of Columbia requiring motorists to slow down and, if possible, move to a different lane when approaching a stopped emergency vehicle with activated emergency lights.

At the last NEMSAC meeting, Mr. Wijetunge described the National Roadway Safety Strategy (NRSS) and the department's efforts to eliminate deaths and injuries on the nation's roadways. The NRSS adopts the Safe System Approach, whose objectives are safer people, safer roads, safer vehicles, safer speeds, and post-crash care to enhance the survivability of crashes.

Between 2011 and 2020, more than 370,000 people died in transportation incidents in the United States, and 94% of those deaths occurred on roadways. The Safe System Approach has six key principles:

1. Deaths and serious injuries are unacceptable.
2. Humans make mistakes.
3. Humans are vulnerable.
4. Responsibility is shared.
5. Safety is proactive.
6. Redundancy is critical.

The department's responsibility does not end when a crash occurs—caring for people injured in a crash to prevent injuries from becoming fatal is just as critical. Timely care, field triage, and transport by EMS and the EMS system of care are critical for positive outcomes, as are incident management and providing a safe environment for providers on the scene of a crash.

NHTSA released a request for comment on the Highway Safety Grants Program that provides \$630 million annually to carry out highway safety programs nationwide. The comment period ends on May 23.

## **Subcommittee Reports**

Ms. Ahlers asked the chairs of each NEMSAC subcommittee for updates on the advisories in progress.

### **Equitable Patient Care Subcommittee**

Dr. Bradley reported that this subcommittee's first advisory, "Reducing Social Inequities in EMS through a National Out-of-Hospital Cardiac Arrest Registry," has interim status. In this document, NEMSAC recommends the collection of data in a registry to understand inequities in out-of-hospital cardiac arrest outcomes. Such data are important for designing and evaluating interventions to reduce these disparities.

The second advisory, "Equitable Access to EMS Based on Population Density," is in draft form and will be presented for approval to move to interim status at the next NEMSAC meeting.

### **Sustainability and Efficiency Subcommittee**

Mr. Washko explained that the Sustainability and Efficiency Subcommittee plans to request draft status for an advisory, EMS Bill (or Star) of Rights, that has six parameters. The subcommittee is also revising an existing NEMSAC advisory, "EMS System Performance-Based Funding and Reimbursement Model." The subcommittee plans to consult national associations, such as the American Ambulance Association, about current cost data and funding mechanisms in effort to further develop this advisory.

### **Adaptability and Innovation Subcommittee**

Mr. Fifer reported that this subcommittee has one advisory with draft status, "Strengthening Emergency Medical Services (EMS) and Hospital Relationships to Improve Efficiencies and Positively Impact Patient Outcomes." This advisory offers three recommendations for addressing offload times for EMS vehicles at hospitals.

Dr. Bradley asked whether the subcommittee plans to recommend the collection of state or local data on offload times. Mr. Fifer said that state average data might be most appropriate because

the intent is not to focus on individual health care systems or communities with long offload times. The subcommittee plans to continue to develop this draft advisory by determining the types of data needed and how best to collect and disseminate this information.

### **Integration and Technology Subcommittee**

Ms. Bartram explained that the subcommittee's draft advisory is "Cybersecurity: What to Do When Technology Fails and How to Mediate in a Pro-Active Way." This advisory recommends the use of best practices to identify cyber risks to EMS and to develop and implement appropriate strategies to mitigate these risks.

### **Professional Safety Subcommittee**

Mr. Powers said that the subcommittee is developing an advisory on the recognition of EMS practitioners as essential health care workers. The subcommittee plans to present this document to NEMSAC for approval of draft status in August.

### **Preparedness and Education Subcommittee**

Dr. Adelgaiz reported that the subcommittee continues to work on its draft advisory on EMS telecommunicators, previously titled "Establishing Education Standards for EMS Telecommunicators." The subcommittee determined that the focus should be more on preparedness and less on education, so the advisory has a new title: "Ensuring Optimal Emergency Response via a Fully Integrated 911 and Emergency Medical Dispatch System." This advisory will recommend ensuring that all communities have access to 911 services and high-quality emergency medical dispatch (EMD) professionals. In addition, the advisory will recommend demonstration projects to establish best practices for full integration of 911 with EMD services.

### **Ad Hoc Ambulance Motor Vehicle Crash Subcommittee**

Ms. Sledge reported that this subcommittee is working on a draft advisory on ambulance crash data collection and analysis. Subcommittee members are conducting research on ambulance crash data elements, investigation processes, and expect to present a draft advisory to NEMSAC within the next 6 to 9 months.

Ms. Sledge asked NEMSAC members who were previously part of this subcommittee to provide subject matter expertise and help the subcommittee write its draft advisory.

### **Chair Nominations and Election**

Ms. Ahlers asked for nominations for the new NESMAC chair. The only nominee was Ms. Ahlers, who accepted the nomination. A motion carried to close nominations.

Ms. Ahlers opened the floor for nominations for NEMSAC vice chair. Mr. Washko was nominated, and he accepted the nomination. A motion carried to close nominations.

NEMSAC members were asked to submit their votes online.

### **Public Comment**

Mr. Mole shared the following public comment:

Dear council members and, especially, members of the Adaptation and Innovation Subcommittee,

Thank you for indulgence in receiving this comment regarding the draft advisory, “Strengthening Emergency Medical Services (EMS) and Hospital Relationships to Improve Efficiencies and Positively Impact Patient Outcomes.” The issue of transferring responsibilities of care at the emergency department (ED) is incredibly important and deserves the council's attention.

I offer two perspectives for your consideration.

1. What we call it matters. Referring to “ambulance offload time” connotes delivery of a parcel, dehumanizes the nature of the problem, and deemphasizes the clinical importance of the event. At my organization, we prefer to refer to it as “EMS–ED transition of care,” emphasizing that what EMS and ED staff are doing is effecting a transition of responsibility for who is caring for the person. We have found that in many situations, ED staff resent the concept of patients being offloaded on them, and ... from their perspective, all EMS personnel want to do is rid themselves of the human cargo. This is not the ED paradigm of offload. When the ED staff move the patient to the next phase of care, they admit, transfer, discharge, give a report, hand off, and ensure a smooth transition of care.
2. Posting national transition-of-care interval [data] on a website seems challenging and not necessarily helpful. We have found that real-time data are the most helpful. When we share weekly data with hospitals, we find that a few hospitals respond favorably, meaning that they resign themselves to owning their performance at best, and at worse, well-performing hospitals regress toward the mean. I offer that posting data is not intuitively helpful, and careful consideration should be given to how this is done and how it will link to the outcomes being sought.

Thank you for your consideration.

Theodore R. Delbridge, MD, MPH, Executive Director, Maryland Institute of Emergency Medical Service Systems

Another member of the public, Rob Lawrence, suggested that in its advisory, the Adaptation and Innovation Subcommittee refer to the graphs showing ambulance offload times in the NEMSIS *EMS by the Numbers* reports.

Dr. Gestring said that, as a member of the Adaptation and Innovation Subcommittee, he agrees with Dr. Delbridge’s comments, and the subcommittee will take this feedback into account. He also noted that offload times in NEMSIS are specific to influenza-like illness. The subcommittee will recommend that NEMSIS collect transfer time data on patients with other types of issues.

## **Day 2: May 12, 2022**



## Field Triage Guidelines

*Peter Fischer, M.D., Chair, EMS Subcommittee, American College of Surgeons Committee on Trauma,*

An expert panel led by the American College of Surgeons (ACS) recently published the updated “National Guideline for the Field Triage of Injured Patients” in the *Journal of Trauma and Acute Care Surgery* and on the ACS website.

With a NHTSA funding, the expert panel conducted a systematic review of the literature and, for the first time, collected input through a survey to 29 national EMS organizations. Almost 4,000 EMS clinicians submitted survey responses. These responses showed that EMS providers commonly use the Field Triage Guidelines, but prior versions were regarded as overly complex. In addition, EMS providers were not using the recommended steps in the recommended order.

The expert panel therefore restructured the guidelines to better reflect their use in practice. The new structure consolidates triage criteria into two main categories based on risk of serious injury:

- High-risk criteria (red box), including injury patterns, mental, status and vital signs (previously denoted as “physiologic criteria”)
- Moderate-risk criteria (yellow box), including mechanism of injury and EMS judgment (previously denoted as “special considerations”)

The guideline includes several new and revised criteria for both high risk and moderate risk of serious injury.

ACS is disseminating the guideline widely through press releases, a social media campaign, and presentations at professional meetings. ACS has developed several educational resources for clinicians, and the National EMS Quality Alliance (NEMSQA) has identified candidate quality measurements for implementation of the guideline.

## Model EMS Clinical Guidelines, Version 3

*Andy Gienapp, Deputy Executive Director, NASEMSO*

This project was funded by the NHTSA Office of EMS and the EMS for Children program at HRSA. Its purpose is to help state EMS systems standardize their approaches to patient care.

The National Association of EMS State Officials (NASEMSO) received survey responses from 25 state EMS offices. Of these respondents, 28% indicated that their state had incorporated all or parts of the guidelines into their state protocols. In addition, 38% used the guidelines as a reference document, and 72% were satisfied with the amount of detail. Among stakeholders who requested an editable version of the guidelines, 72% reported that their statewide patient care protocols have incorporated all or parts of the guidelines, and 34% learned of the guidelines from NASEMSO. Survey respondents and stakeholders offered several suggestions for additional guidelines or changes to the existing ones.

The updated guidelines, available on the NASEMSO website, are based on the best available medical evidence and expert clinical consensus. The 407-page document includes several new

and revised guidelines to reflect current practice. The report also addresses topics of cultural importance, including health equity, human trafficking, and medical management of patients with behavioral health needs.

## **NRSS and Post-Crash Care Discussion**

*Gam Wijetunge, Director, Office of EMS*

NHTSA would like NEMSAC's advice on ways to improve post-crash care and implementation of the NRSS. In the coming days, NEMSAC will receive a letter that outlines NHTSA's questions, and it will request response to these questions by the August NEMSAC meeting. The letter will ask for NEMSAC to focus its recommendations on these issues:

- Support for collaboration between traditional and nontraditional highway safety partners
- Improvements in post-crash patient outcomes
- Reductions in disparities in care
- Improvements in on-scene safety
- Support for NEMSIS
- Support for EMS delivery throughout the nation
- Improvements in Next Generation 911 (NG911)

NHTSA recommended NEMSAC consider forming an ad hoc subcommittee to develop the responses to this letter containing NHTSA's questions.

### **Discussion**

Dr. Gestring commended the Department of Transportation for the strategy's inclusion of post-injury care and emergency medicine, which are necessary to keep patients alive after accidents.

## **NEMSAC Interim Advisory: Reducing Social Inequities in EMS Through a National Out-of-Hospital Cardiac Arrest Registry**

*Mary Ahlers, Chair, NEMSAC*

A motion carried to grant final status to the interim advisory, "Reducing Social Inequities in EMS Through a National Out-of-Hospital Cardiac Arrest Registry."

## **2022 Strategic Planning**

*Jonathan Washko, Vice Chair, NEMSAC*

### **Additional Support for the Ad Hoc Ambulance Motor Vehicle Crash Subcommittee**

Mr. Washko asked NEMSAC to identify external partners or stakeholders who could assist or join the Ad Hoc Ambulance Motor Vehicle Crash Subcommittee. Ms. Sledge explained that the subcommittee plans to identify additional data to collect and offer recommendations for improving the process for contacting agencies to initiate investigations.

Mr. Washko added that this subcommittee was formed a few years ago, and the terms of the initial members have expired. The subcommittee needs assistance drafting sections of its advisory. Mr. Arkins volunteered to join the subcommittee.

Dr. Adelgais asked about other requests for NEMSAC members, such as responding to NHTSA's questions about the NRSS. She would be happy to join the Ad Hoc Ambulance Motor Vehicle Collision Subcommittee but was not sure whether she should focus on other NEMSAC activities instead. Mr. Washko replied that NEMSAC will form an ad hoc subcommittee to answer the NRSS questions that NEMSAC will receive.

Mr. Powers asked whether all of the ambulance crash investigators focus on ground vehicles only. Mr. Washko confirmed that the advisory focuses on ground ambulance accidents.

Mr. Washko explained that the subcommittee was formed after NEMSAC learned that a NHTSA team investigates certain types of ambulance crashes. The subcommittee has been conducting research on the parameters for initiating a crash investigation and the types of data on ambulance crashes collected by various federal offices and agencies. The goal of the subcommittee's advisory is to help the EMS community understand the resources available and make recommendations to fill any gaps identified.

#### **New Ad Hoc Subcommittee**

Dr. Gestring explained that the Field Triage Guideline and Model EMS Clinical Guidelines both support the post-injury care components of the NRSS. He therefore suggested that the ad hoc subcommittee to respond to the NRSS questions from the Office of EMS also address the two new guidelines. Mr. Washko agreed that the new subcommittee could discuss ways for the NRSS to engage with and support the two guidelines.

Dr. Adelgais said that the suggestion seems reasonable. Furthermore, the Preparedness and Education Subcommittee is developing an advisory that addresses access to NG911 services, which probably aligns with the request. Dr. Adelgais offered to join the new subcommittee.

Dr. Gestring said that if NEMSAC supports the Field Triage Guideline through an advisory, developing this document would take several months. The subcommittee could draft a letter to support the two new guidelines much more quickly. Because these documents were released recently and the issues are time sensitive, addressing the two issues separately might be better.

Dr. Gestring made a motion, which other NEMSAC members seconded, for NEMSAC to form an ad hoc subcommittee that will generate a letter to FICEMS requesting support for education and other measures to implement the Field Triage Guideline and Model EMS Clinical Guidelines before the end of 2022.

Mr. Washko reminded NEMSAC that NHTSA will issue a high-priority request to NEMSAC to answer a set of questions about the NRSS. He asked whether NEMSAC wanted to support the two sets of guidelines and respond to the NRSS questions separately or in combination.

Mr. Hayden asked whether Dr. Gestring was concerned that addressing the two issues separately would delay implementation of the guidelines or the completion of the letter. Dr. Gestring said that the answer depends on the information that NHTSA is requesting. NEMSAC supports the NRSS, but Dr. Gestring was not sure whether the letter would have less impact if it addressed the

two guidelines as well. NEMSAC should consider whether to create one subcommittee to respond to all of these issues, two subcommittees to address the NRSS questions and support for the two guidelines, or three subcommittees to address the NRSS questions and each set of guidelines separately.

Mr. Washko suggested that Dr. Gestring amend the motion to recommend that the NEMSAC chair, vice chair, and Office of EMS determine the best way for NEMSAC to answer the questions about the NRSS and express support for Field Triage Guideline and Model EMS Clinical Guidelines. Dr. Gestring agreed with this suggestion but noted that the decision should be made soon because these issues are time sensitive.

Mr. Washko noted that NHTSA asked NEMSAC to answer its questions about the NRSS in August. He asked whether expressions of support for the two new sets of guidelines also need to be developed quickly. Dr. Gestring said that both sets of guidelines have been released, so a statement of support from NEMSAC will have a greater impact if it is issued soon.

Mr. Hayden expressed support for forming a single ad hoc subcommittee to create three separate letters. Dr. Gestring agreed to amend his motion to reflect this suggestion.

A motion carried for NEMSAC to form an ad hoc subcommittee to draft three letters to FICEMS to answer the questions from NHTSA about the NRSS and to support the Field Triage Guideline and Model EMS Clinical Guidelines.

Dr. Gestring will chair the new subcommittee, and Dr. Bradley will be the vice chair.

## **Public Comment**

No public comments were submitted to NEMSAC.

## **Wrap-Up**

*Mary Ahlers, NEMSAC Chair*

The dates of upcoming NEMSAC meetings, which are expected to be in person, are as follows:

- August 10–11, 2022
- November 2–3, 2022

Ms. Ahlers thanked the NEMSAC members and members of the public for their participation in this meeting.

## **Adjournment**

A motion carried to adjourn the meeting at 2:30 p.m. ET on May 12, 2022.

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I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

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Mary Ahlers, Chair, NEMSAC

Date

These minutes will be considered formally for approval by the council at its next meeting. Any corrections or insertions will be made in the minutes at that time.

## Appendix A: NEMSAC Members in Attendance and Their Sectors

Kathleen Adelgais, MD,  
MPH/MSP  
Pediatric Emergency  
Physicians  
Golden, CO

Mary Ahlers  
EMS Educators  
Cincinnati, OH

Tom Arkins  
Data Managers  
Indianapolis, IN

Cherie Bartram  
Call Takers/Dispatchers  
Richmond, MI

Lisa Basgall, MA  
Local EMS  
Directors/Administrators  
Houston, TX

Lillian Bonsignore  
Fire-based Career EMS  
Bronx, NY

Richard Bradley, MD  
Emergency Physicians  
Houston, TX

Paul Brennan  
Hospital-based EMS  
Lowell, MA

David Fifer, MS  
EMS Practitioners  
Richmond, KY

Mark Gestring, MD  
Trauma Surgeons  
Pittsford, NY

Brenden Hayden  
Healthcare Administrators  
Portsmouth, RI

Carol Jorgensen  
Public Health  
Elm Creek, NE

Danita Koehler, MD  
Tribal EMS  
Delta Junction, AK

Jason McMullan, MD  
EMS Research  
Cincinnati, OH

David Mendonsa, MCHS,  
MPA  
Private-Sector EMS  
Kahului, HI

Ayobami Ogunsola, PhD  
Consumers  
Philadelphia, PA

Matthew Powers, RN  
Emergency Nurses  
Pleasant Hill, CA

Alicia Sledge  
Highway Safety  
Lansing, MI

Peter Taillac MD  
EMS Medical Directors  
Salt Lake City, UT

Jonathan Washko, MBS  
EMS Quality Improvement  
Northport, NY

## **Appendix B: Summary of Rolling Presentations**

### **Health Resources and Services Administration**

The State Partnership Program of EMS for Children is improving and expanding pediatric EMS in all states and territories. This program has a national network of pediatric EMS champions and researchers dedicated to improving the delivery of emergency care for children. Supplements are available to ensure access to age-appropriate, high-quality care during the COVID-19 pandemic in remote, rural, and tribal areas and to increase the number of hospitals recognized by a state, regional, or territorial pediatric medical recognition program or of pediatric emergency care coordinators.

Other updates are as follows:

- The National EMS for Children survey showed that 36% of responding EMS agencies have a pediatric champion, and 26% conduct pediatric skills checks.
- The Pediatric Emergency Care Coordinator Workforce Development Collaborative is developing champions of pediatric readiness and has enrolled 1,558 participants.
- Resources available online include the following:
  - Prehospital Pediatric Readiness EMS Agency Checklist
  - Prehospital Pediatric Readiness Toolkit
  - Pediatric Education and Advocacy Kit: Suicide
  - Several resources to support SWOT analyses by hospitals and EMS systems
  - U.S. Department of Health and Human Services Maternal–Child Emergency Planning Toolkit

### **Office of EMS**

#### **National Highway Traffic Safety Administration (NHTSA) 911 Program**

Brian Tegtmeier is the new coordinator of the NHTSA 911 Program.

#### **Impact of COVID-19 on EMS**

NHTSA continues to hold listening sessions to monitor COVID-19 issues and identify solutions. EMS providers report that they continue to face shortages of certain supplies, such as medications and blood tubes. As some of the COVID-19 funding ends, EMS agencies face funding challenges. Listening session participants are discussing how to better maintain and grow the EMS workforce, the need to prioritize the mental health of the EMS and 911 workforce, and ways to strengthen the educational pipeline.

As of May 9, 2022, the numbers of COVID-19 deaths among first responders were as follows:

- Corrections and law enforcement officers: 907 deaths
- Firefighters: 275 deaths
- EMS providers: 91 deaths
- 911 telecommunicators: 34 deaths

## **Tribal EMS**

NHTSA coordinates monthly meetings with representatives of the Indian Health Service (IHS) and University of New Mexico Center for Tribal and Rural EMS. These meetings provide opportunities to develop plans for better identifying tribal EMS agencies and providing technical assistance and resources to them in collaboration with IHS and other partners. In addition, meeting participants discuss ways to better identify potential grant opportunities for Tribal EMS agencies and to improve conditions for Tribal geographic information system agency response.

## **Mental Health of the EMS and 911 Workforce**

NHTSA is addressing the mental health of the EMS and 911 workforce through the following activities:

- Participation in the White House Interagency Policy Committee for Suicide Prevention and presentations about EMS and 911 to federal partners
- Encouragement of EMS and 911 representation in planning and implementation of the 988 National Suicide Prevention Lifeline and improved crisis response
- Collaboration with the Centers for Disease Control and Prevention and National Institute for Occupational Safety & Health to conduct research on first-responder suicide
- Collaboration with the Substance Abuse & Mental Health Services Administration's (SAMHSA's) Office of Suicide Prevention
- Listening sessions on mental health and occupational stress
- Improved stress management and mental health resources on EMS.gov

## **National Suicide Prevention Lifeline**

The Federal Communications Commission has set aside 988 for the National Suicide Prevention Lifeline, a national network of over 200 local, independent, and state-funded crisis centers that help people in emotional distress or who are experiencing a suicidal crisis. By July 16, 2022, wired and wireless carriers must make sure that when a caller dials or texts 988, the call is delivered to the local crisis center. If the crisis center does not answer in a timely manner, the call will be delivered to one of several national Lifeline centers.

None of the suicide lifelines or local crisis hotlines has location information on callers. Calls might be routed to a public safety answering point on the basis on the caller's area code when an emergent response is needed. Most crisis centers will not transfer 988 calls to 911 unless these centers are collocated with the local 911 center.

Bidirectional education is needed for the 911 and 988 communities to better understand the state of each system. Some communities have excellent collaboration, but others do not.

The National 911 Program has been advocating for collaborations with 911 and EMS entities throughout this process and has also encouraged reviews by SAMHSA, the Federal Communications Commission, and the Department of Veterans Affairs of potential funding, technical, and operational issues. EMS and National 911 Program staff meet regularly with the SAMHSA team that is coordinating 988 implementation.

Steps to support the 988 transition include the following:

- Educate the crisis community about EMS and 911.



- Prepare to help the 911 or 988 community, or both, as they connect to one another.
- Ensure that the local public safety answering point knows about the local 988 plans.
- Help address unrecognized challenges and needs.
- Determine whether state legislation calls for diverting 911 funds to 988.

## **Medicare Ground Ambulance Data Collection System (GADCS)**

The GADCS collects information from a representative sample of ground ambulance providers and suppliers each year for 4 years in a row. The Centers for Medicare & Medicaid Services (CMS) has selected and posted the lists of the first two of four samples, and it will select the third and fourth samples later.

Ambulance organizations chosen to participate in GADCS are required by law to collect and report their data. For most Year 1 and Year 2 ambulance organizations, data collection started on January 1, 2022. However, none of the participating organizations will start submitting their data until 2023. The information collected falls into the following categories:

- Organizational characteristics
- Services provided
- Costs
- Revenue

Participating ambulance organizations should collect information on expenses, revenue, and services throughout the 12-month data-collection period for their entire organization, and not only services delivered to Medicare beneficiaries. Organizations that provide other types of services will probably need to allocate many of their costs and revenues to those services.

To collect the GADCS data, CMS has developed a web-based portal with an easy-to-use interface. The portal has undergone initial testing and will be making modifications based on the test results.